UNIVERSITÉ LAVAL
Bureau du registraire

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# ADMISSION AND REGISTRATION FOR POSTDOCTORAL TRAINING

## PERSONAL INFORMATION

Last name | First name(s)

Address – number, street, apartment or PO Box | Ministère de l'Éducation permanent code

City | Province (in Canada) – State | Status in Canada ☐ Canadian citizen born in Canada ☐ Canadian citizen born outside of Canada ☐ Permanent resident ☐ Work permit

Country | Postal code - ZIP

Phone (home) | Phone (work) extension | Mother tongue ☐ French ☐ English ☐ Other_____

Email | Date of birth yyyy m d | Gender ☐ M ☐ F | Working language ☐ French ☐ English ☐ Other_____

Place of birth - country | Province (in Canada) – State | City

Father's last name | Father's first name(s)

Mother's last name at birth | Mother's first name(s)

Are you currently attending or have you already attended Université Laval? ☐ yes ☐ no | If yes, provide your student ID number (NI)

## DOCTORATE OBTAINED

| ACADEMIC DISCIPLINE | UNIVERSITY | DATE OBTAINED yyyy mm dd |
|---|---|---|
| | | |

## INFORMATION ON PRACTICUM (POSTDOCTORAL TRAINING)

| ACADEMIC DISCIPLINE | NAME OF PROFESSOR IN CHARGE OF SUPERVISION | FACULTY/DEPARTMENT |
|---|---|---|
| | | |

Do you have a source of funding? ☐ yes ☐ no

**Specify the session that the training begins**

☐ WINTER 20_____
☐ SUMMER 20_____
☐ FALL 20_____

BEGINNING OF TRAINING: year (yyyy) month (mm) day (dd)

RESERVED FOR REGISTRAR'S OFFICE: NI | CITOYENNETÉ | GROUPE | UNIVERSITÉ

- I affirm to the best of my knowledge that the information provided herein is correct.
- I authorize ☐, I do not authorize ☐ the schools that I attended and the ministère de l'Éducation, du Loisir et du Sport (Quebec department of education) to send the Université, through the Bureau de coopération interuniversitaire, transcripts necessary to assess my file and to provide data for compilation of statistics. I authorize the ministère de l'Éducation, du Loisir et du Sport to send the Université information to validate my permanent code and to correct it, if applicable.
- I agree to follow Université Laval's rules for the entire duration of my training

You must read the *Statement of opposition*. Anyone who wishes to object to the *statement of opposition* must complete and attach this statement to the admission application.
Please find the *Statement of opposition* under the following link : www.ulaval.ca/declaration-opposition

**Signature required** | **Date** yyyy mm dd

| SIGNATURE OF PROFESSOR RESPONSIBLE FOR SUPERVISION | | RESERVED FOR ADMINISTRATION | |
|---|---|---|---|
| Date | Professor responsible for supervision | Date | Registrar's Office |